

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/564225

FILING DATE

AFFIDANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		3				
5		4				
6		5				
7		6				
8	1					
9			1			
10				1		
11				1		
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TOTAL IND.		↓	↓		↓	
TOTAL DEP.		←	←		←	
TOTAL CLAIMS		8				

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓	↓		↓	
TOTAL DEP.		←	←		←	
TOTAL CLAIMS						